

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

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CLAIMANT'S NAME Herb Schultz		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Office of the Governor	
POSITION Senior Advisor		CB/ID NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
		CITY Sacramento		STATE California	
				95814	

Apr-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES			AMOUNT
10-Apr	10:30am - 11:30am	Sacramento							3.75		0.00		3.75	
16-Apr	1:40pm	Sacramento to LA					365.97	Air; Rental car			0.00		365.97	
17-Apr		LA									0.00		0.00	
18-Apr											0.00		0.00	
19-Apr	7:30pm	LA to Sacramento									0.00		0.00	
22-Apr	7:00am - 1:15pm	Sacramento to LA to Sacramento					308.03	Air; Rental car			0.00		308.03	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	674.00	0.00	0.00	0	0.00		
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$677.75		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

4/10: Meeting with CA Health Policy and Data Advisory Commission (Sacramento, CA)

4/16: Panelist at Loyola Marymount University's Urban Lecture Series

4/17: Meeting with Jake Steinfeld and Kenny Rogers (Governor's Council on Physical Fitness)

4/22: Meeting with Valley Economic Alliance Executive Board meeting

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240492

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CLAIMANT'S SIGNATURE [Redacted]	DATE 4-24-08	SIGNATURE [Redacted]	DATE 4/28/09
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